

THE
DAVIS FOUNDATION
FOR PROVIDING
EMOTIONAL COMFORT

Letter of October 31, 2007

Dear Reader,

Many sources of stress and tension are obvious: problems at work, difficulties in relationships, illnesses and injuries, hardships caused by various types of losses, and threats to our safety. But there is a silent source of tension as well: the reservoir of anxiety that exists in our minds out of awareness. How does it develop?

Each time something happens that causes anxiety the mind does its best to deal with it and to end or at least lessen the distress. In young children the means for coping with stressful situations are quite limited. Often there is no ideal solution. What is a child to do when an angry parent threatens punishment? When a neighbor's large dog barks threateningly? When mother is temporarily out of sight at the supermarket? The child's options include crying, calling for help, running, and hoping that the distressing situation will end.

Many such situations are soon resolved and comfort is restored but the memories of these events with their accompanying feelings are retained in a reservoir of anxiety. And each time a new event occurs that is related to the previous one it evokes the memory of the anxiety. Subsequent parental threats, further encounters with barking dogs, and new experiences of being separated from a parent will cause distress similar to that of the previous occasions but they will also tap into the stored memories of anxiety thus potentially heightening the distress of the new experience.

Also, situations that are not exactly similar but that are associatively related tap into the reservoir of anxiety. Real or imagined threats from other people are reminiscent of an angry parent. Any sudden, loud noise will cause a startle reaction but, in addition, it is associatively related to the memory of a barking dog. Any loss, even the temporary misplacing of an object, will tap into the memory of the alarm felt when mother was suddenly missing. But usually one does not feel the same intensity of anxiety on these subsequent occasions as one did during the original experience. Why not?

As a child grows, he develops additional coping mechanisms for handling anxiety. Some are useful, such as facing a problem and solving it definitively. Others, while partially decreasing anxiety, become problematic themselves. Self-soothing with food or drink can lead to unwanted weight or addiction. Avoiding problems may cause them to grow larger. Anxiety may be converted into physical manifestations such as gastrointestinal distress.

Certain events cause such extreme anxiety that only part of it enters awareness. The rest is blocked and enters the reservoir of anxiety without being directly experienced. This expands the reservoir and contributes to an unrealistic heightening of responses to anxiety-provoking situations. A child who narrowly misses being abducted by a



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stranger or run over by a car may remember some or none of her anxiety; all or a large portion has remained out of awareness. She will, however, have heightened anxiety when confronted by strangers or when crossing busy streets.

An extreme example of this problem can be seen with those who have Posttraumatic Stress Disorder (PTSD). It has been estimated that over 20% of soldiers returning from Iraq have symptoms of PTSD. Symptoms are grouped into three categories. Hypersensitivity is manifested by exaggerated startle reactions to sudden but benign loud noises such as backfires and firecrackers. Those with PTSD may throw themselves to the floor thinking that they have heard a bomb. Avoidance can cause partial or full amnesia for terrifying events in battle. And at night there are repetitive dreams reliving some or all of the trauma.

Just as a child's mind is overwhelmed by various dangers that he might experience so, too, is the soldier's. And just as avoidance is not a completely successful coping mechanism for a child neither is the amnesia of the soldier. Hypersensitivity and traumatic dreams occur as breakthroughs of the hidden anxiety.

Many civilians also develop PTSD following traumatic experiences such as physical attacks or auto accidents. But not all do, nor do all soldiers. The more anxiety-provoking experiences a person has suffered in childhood the larger his reservoir of anxiety will be and the more likely it will be that a new trauma will elicit symptoms. PTSD is not an all-or-nothing disorder. Cases vary in severity. And many people have mild cases that they don't identify as a disorder. Your Inner Guide knows what traumas you have suffered in the past and the extent to which your mind has blocked full awareness of anxieties that you have experienced. It knows how your coping mechanisms have developed. And it knows how to resolve those that are problematic.

QUESTION:

Do you think that our Inner Guides are able to transmit energies that extend far and away from our bodies and surroundings?

ANSWER:

No. An Inner Guide is simply one of the many mental pathways in your mind. It is composed of three elements: the mental pathway of all previous experiences of comfort (the "comfort pathway"), a wish to help you, and a sense of its own identity. You brought it into existence simply by wishing for it (while understanding its definition). Its knowledge is superior to yours for several reasons: it has access to your entire memory bank, it is aware of your subliminal perceptions, and it can perceive, read, and understand things very quickly. These powers are used to solve your problems and end your discomforts. Sometimes when a person experiences a coincidence she wonders whether her Inner Guide has caused it. This is not the case. An Inner Guide cannot effect changes in the world outside of your own body and mind.

I welcome your questions and comments, and will publish as many of them as possible. I look forward to hearing from you, either by post or at info@davis-foundation.org. If you would like to be anonymous, just let me know.

Cordially,

Judith M. Davis

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